

OAKLAND RECREATION SCHOLARSHIP REQUEST FORM

Parent/Guardian Name(PLEASE PRINT)_____

Address_____

DO YOU HAVE THE FINANCIAL ABILITY TO CONTRIBUTE TO THE COST OF YOUR CHILD'S SPORTS FEE ? ____ YES ____ NO

NAME(S) OF ATHLETE(S) and Grade(s) entering in September 2023:

1)_____

2)_____

3)_____

4)_____

SCHOLARSHIP REQUEST FOR: PLEASE CHECK THE SPORT YOU ARE REQUESTING SCHOLARSHIP FOR

- ☐ BASEBALL
- ☐ BASKETBALL
- ☐ CHEERLEADING
- ☐ FOOTBALL
- ☐ GOLF
- ☐ LACROSSE
- ☐ MOUNTAIN BIKING
- ☐ ROLLER HOCKEY
- ☐ SOCCER
- ☐ SOFTBALL
- ☐ TENNIS
- ☐ VOLLEYBALL
- ☐ WRESTLING
- ☐ TRAVEL BASEBALL
- ☐ TRAVEL SOFTBALL

(please note that this information is confidential)

[illegible]

DATE OF APPROVAL

DATE _____